

## Forensic Medical Examination Division of Family and Children Services Verification Form

For child sexual abuse/molestation allegations, a service provider has the option of submitting a Victims Compensation Application or the Forensic Medical Examination Application for Payment. If applying for the Forensic Medical Examination and there is limited collection and evaluation of evidence, please submit this Division of Family and Children Services Verification Form (DFCSVF) with the Application for Payment.

**Service Provider Instructions:** Please have the DFCS case manager, who requested the forensic medical examination, complete the following questions to assist us in determining if the child sexual abuse/molestation allegation (e.g. fondling, etc.) warranted a forensic medical examination to aid in the investigation. If you should have any questions regarding the completion of this form or about the Forensic Medical Examination Program or the Georgia Crime Victims Compensation Program, please call (404) 657-2222 or 1-800-547-0060.

Victim Information	Incident Information
Victim Name:	Date of Offense:

1. Based on the allegations of child sexual abuse/molestation (e.g. fondling, etc.), did you request a forensic medical examination for the victim named above?  
Yes \_\_\_ No \_\_\_
2. If **YES**, was the forensic medical examination necessary to your investigation?  
Yes \_\_\_ No \_\_\_

With my signature, I declare and affirm [pursuant to O.C.G.A. § 17-15-11], that the information provided above is true and correct.

DFCS Representative Name (Print): \_\_\_\_\_

DFCS Office Location: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Ext.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Criminal Justice Coordinating Council (CJCC) is responsible for thoroughly investigating each claim to determine eligibility. To assist in our investigation, pursuant to O.C.G.A. § 17-15-4, please provide the following information for the victim listed on this form.*

**§ 17-15-4. Powers of board**

(a) The board shall have the following powers and duties:

(2) To request from the Attorney General, the Department of Public Safety, the Georgia Bureau of Investigation, district attorneys, solicitors-general, judges, county and municipal law enforcement agencies, and any other agency or department such assistance and data as will enable the board to determine the needs state wide for victim compensation and whether, and the extent to which, a claimant qualifies for an award. **Any person, agency, or department listed in this paragraph is authorized to provide the board with the information requested upon receipt of a request from the board.** Any provision of law providing for confidentiality of records does not apply to a request of the board pursuant to this Code section; provided, however, that the board shall preserve the confidentiality of any such records received.